PRISON HEALTH SERVICES, INC

SERVICES INCORPORATED	PRISON HEALTH CEDVICE
	SICK CALL REQUES. INC.
Print Nam	T AA
ID #	1274gry / 1
ID# /	problem or request: INEED to SEE the Doctor! I have HEP  d I NEED to Janes Adays I have BEEN (15:110)
rature of	problem or request. Date of Birth: ///
Atits	Location: 1 NEE of to Continue
Cumm	ode 11 The last 4dus The Doctor T
This AN	de 4 to 7 sines A days I need Seen Using the
INEEN	T NEED ENSURE FOR I NEED SOME HER
4P far	VIFAMIN to build my
	VITAMIN to build my System Jellows Stand AND
	DO NOTE TO STATE S
Date	DO NOT WRITE BELOW THIS LINE Signature Chlonic
Date:/_	THIS LINE Signature Chloric
ıme:	
Allergies:	AM PM
	RECEIVED
	Time:
	Receiving Nurse F
(S)ubjective:	Receiving Nurse Intials
•	
	V/S): <u>T:                                  </u>
(A)ssessment: (P)lan:	Noted 1120 See leastier
D o	
Refer to: MD/PA	A Mental Health Dental Daily T
CI.	realth Dental Daily To
Check One: ROU If Emergence	Was MD/PA on call paris: Yes ( ) No ( )
	Yes ( ) No ( )

SIGNATURE AND TITLE

No ( )

INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT GLF-1002 (1/4)



<sup>لے</sup> ری <sup>ک</sup>				•	YOU
PHS					Copy
PRISON HEALTH	DDrag				<b>○</b> 17
SERVICES INCORPORATED	rki20]	N HEALTH SE ICK CALL RE	RVICES, IN	NC .	~
		ICK CALL RE	QUEST	10.	20
Print Name: Jeff ID# 140977					
ID# 140977	Ely Goule	1	Dota co		
rature of problem	Or request:	Date of Birth:	Vale of Requ	lest: 11-2	2-05
MEdication denied. I do	I AM SICK	ENATITIS C	Ihavs	Location: 6	4 10T
denied. I Als I AM Bleeding	o Formallin	TING NES	d Will	TC TC	of Honard
INFECT ANYON	from my	10	AttMitts	d to The	YEd or
- wy y an	18	Mouth 2 No	SE DAIL	I don't	wort +
	DO NOT	Waxa-	T EST	J Doe	red 10
Date://	51101	WRITE BELOW	THIS LINE	Signature	÷
lime:					
Allergies:	AM PM		DECE	T 1	7
		Da	RECE ite:  1   29	IVED	1
		Tin	ne: 131	em i	g k
(S)ubjective:		Red	ceiving Nurse	Intials 12	
· >==Jective:					]
(O)bjective (V/S): T:					
, <u></u>	——— <u>P:</u>	R	:	-	
				_ <u>BP:</u>	WT:
(A)ssessment:	HERMA CHAMBELL HAND AN A THAT SOLD CONSISTE BY THE COURT CONTROL FREEDOM.			2.53 confident con contraction contraction confident con-	
Assessment:	^	proprie	<i>X</i>		
		May	.08		
	O	· · · · ·			
(P)lan:		800			
		V	-		
De					
Refer to: MD/PA Men	tal Health				
Check One: ROUTINE (	tal Health Dent	al Daily Treatm	nent Ret	llrn to Cit i -	
			-100	urn to Clinic P	RN
If Emergency was P Was M	ns supervisor no	etified: Yes ( )	<b>N</b> T - / >		
· . 43 IV	AD/PA on call no	tified: Yes ()	No ( ) No ( )		
		. ,	1.0()		

SIGNATURE AND TITLE

INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT GLF-1002 (1/4)

Chronic CATE

Chronic CARS

#### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: JEffery Gould Date of Request: SAFARDAY  ID # 140977 Date of Birth: 1/-6-63 Location: G-4-187  Nature of problem or request: I have A RASH BEFWEEN MY LEQS  IN THE FRONT OF MY Thighs. Doctor MACAPTHY ISSUED  ME SOME CREAM FOR It while I WAS At Chronic  CASE That CAUSED Stinging And RED REDNESS! HEIP!  I have Hepatitis  Jeffery Zould
DO NOT WRITE BELOW THIS LINE
Date: AM PM Allergies: BECEIVED Date: \$\frac{1}{24} \orangle \frac{5}{10} \text{Time: } \text{Time: } \text{Receiving Nurse Intials } \text{M}
(S)ubjective:
(O)bjective (V/S): <u>T:</u> <u>P:</u> <u>R:</u> <u>BP:</u> <u>WT:</u> (A)ssessment:
(P)lan:
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE() EMERGENCY()  If Emergency was PHS supervisor notified: Yes() No()  Was MD/PA on call notified: Yes() No()
SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT GLF-1002 (1/4)

#### **Prison Health Services**

#### REFUSAL OF TREATMENT FORM

Institution	: Staten
Resident's	Name: Conod della
D.O.B	
1, _	(Names of Inmate) have, this day, knowing that I have a condition
requiring n	nedical care as indicated below:
A B C D D S	
l acknow	ledge that I have been fully informed of and understand the above treatment recommendations involved in refusing them. I hereby release and agree to hold harmless the state, statutory in this refusal and I shall personally assume responsibility for my welfare.
	Thave read this form .
()	Lhave read this form and certify that I understand its contents.
itness Signature tness Signature	Lhave read this form and certify that I understand its contents.

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to 1S MD-70108



#### **PROGRESS NOTES**

Date/Time	Inmate's Name: Gowal Joycom	D.O.B.: \\ / \@	63
4/22/05	100 8hous 500 Color	(§ 1)	
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		The state of the s	
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. ]			
0111 (5/85)	Complete Both Sides Before Using Another Sheet		



#### Nursing Evaluation Tool:

General Sick Call

	Facility: BBB
	Patient Name: Social Sellore
	Inmate Number: 160977 Last Date of Birth: 1/ 16 63
100	MAN DO YYYY
	Date of Report: 19105 Time Seen: 1530 AM PM Circle One
Subjec	tive: Chief Complaint(s) & are 102 & Do Stom dente Dentel 0
Dabjec	
	Onset: Hor C. Chronic and Sevelling.
Brief H	listory. I need to get a no Standing Doctito. Jan
Continu	e on back if necessary)  Complete and a second of the lose mu
<u>a</u>	20 toin up. I also neod to so the Proctor
al.	sold resolute & Vilament
<b>0</b> 11	Check Here if additional notes on back
<u>O</u> bject	tive: Vital Signs: (As Indicated) T: 9900 P: 20 RR: 18 B/P: 148 1 78
	nation Findings: OC Dout 3 months age Regress
1/	e on backly necessary) LCLA & PLOFILL.
	<b>V</b> 0
Asses	sment: (Referral Status) Preliminary Determination(s):
	☐ Referral NOT REQUIRED
	Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)
	Other: Peters I Diolile & Mode . Po Doce
	Modera & Developel.
•	Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the
	VVIIII CILL TOU SHOUN CONICC 3 DRYSICIAN ANGIOL 2 DIFFSING SUPERVISOR It you have any concerns about the status of the national or are uncurs of the 11/11
	appropriate care to be given.
Plan:	appropriate care to be given.  Check All-That Apply:
<u>P</u> lan:	Check All-That Apply:  Check All-That Apply:  Christructions to return if condition worsens.
<u>P</u> lan:	Check All-That Apply:  Check All-That Apply:
<u>P</u> lan:	Check All-That Apply:  Check All-That Apply:
	Check All That Apply:  Check All That Apply:
OTC	Check All That Apply:  Distructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Let YES. In No (If No then schedule patient for appropriate follow-up visits)  Other:  (Describe)
OTC Re	Check All-That Apply:  Denstructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. PYES D NO (If NO then schedule patient for appropriate follow-up visits)  Other:  Describe)  Medications given D NO D YES (If Yes List):
OTC Re	Check All-That Apply:  Distructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. PYES



### ChroNIC CARE

#### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: JEffery Gould	Date of Regi	nest:	- 05
ID# <i>140977</i> Date	of Birth: 11-6-63	Location:	W_/07
Nature of problem or request: I hav	E SONE INE	SWOLLEN	/
ANKIE'S! NEED HEID		MEd Pable	
I AM ON CHIEN'S	a		
I AM ON CHYONIC CA	Ire for HePA		<del></del>
	- Palace	nes Hour	<u></u>
DO NOT WRIT	E BELOW THIS LIN	Signature E	
Date: / /			
Time: AM PM	DEC	CEIVED	7
Allergies:	Date:	EIVED	
	Time:		
	Receiving Nu	rse Intials	
S)ubjective:			
-			
O)bjective (V/S): T: P:	R:	BP:	VACT.
		<u> </u>	<u>WT:</u>
anatatata atata mana mana mana mana mana	e legate		- en legege-penktion general in the
A)ssessment:	100 colle	) <b>(</b> )	
	alle		
C			
	709 1	_	
P)lan:	100X		
·			
defer to: MD/PA Mental Health Dent	al Daily Tractment	Dotter for O'	!- DDM
CIR	CLE ONE	Keturn to Clin	ic PKN
heck One: ROUTINE () EMERGE			
If Emergency was PHS supervisor no	otified: Yes() N	o ( )	
Was MD/PA on call no	otified: Yes ( ) No	o()	
		- ( )	
	SIGNATURE ANI	TITI F	
VHITE: INMATES MEDICAL FILE	SIGIMI ORE ANI	ZIIILE	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Print Name: Sefferer Jeff Gould	11.2
ID# 144977 Date of	Date of Request: 11-2-09
Nature of problem or request: 1/20 0.43 //20	of Birth: $1/-6-63$ Location: $1/-2-47$
IN MY ANKles AND Shin's	S C CRONIC CARS, SWELLING
THE THINK SHINS	and thin in Left shoulder
	Alex Date
	Signature
DO NOT WRITE	BELOW THIS LINE
Date: 11 12 104	
Time: 6 30 AM (FM) Allergies: Haldel	DECEMBE
Allergies: Haldel	RECEIVED Date:
	Time:
	Receiving Nurse Intials
<i>-</i>	
(S) ubjective: feet and Anhles -	
(S) anjective: Let and Anhly	wollen XZWeeks - Soin en
Sholder & I week =	
, , , , , , , ,	
(O)bjective (V/S): <u>T: 98.7</u> P:	72 R: "ZO BP:/Z0/60 WT: ZOS
2t - 3+ 1 H.	om mid Calf into centles + feet ap refill - @ sholder \(\tau\) feet  Rom \(\tau\) Complaint -  He broken @ Clameal
F) 1. O filling elema fr	om med Calf ento cuples + feet
pera pulses è = 3 rec l	as relist - @ sholker = 1.11
(A) ssessment: Altration in the	Ith Board - a find
Maintina	W 5 Complaint
in the state of th	Hr broken O Clowest
•	·
(P)lan: M. D/PA/CRNP Review	
Marien Mercen	
D. C AMD (D	
Refer to: MD/PA Mental Health Dental	Daily Treatment Return to Clinic PRN
CIRC	CLE ONE
Check One: ROUTINE ( ) EMERGEN	
If Emergency was PHS supervisor noti	ified: Yes ( ) No ( )
Was MD/PA on call noti	ified: Yes ( ) No ( )
	SIGNATURE AND TITLE School por CAND
	SIGNATURE AND TITLE Sous por CON
WHITE: INMATES MEDICAL FILE	10-2
YELLOW: INMATE RETAINS COPY AFTER	NURSE INITIALS RECEIPT

GLF-1002 (1/4)



Print Name: JEffery Gould Date of Request: 10 12 05  ID# 140977 Date of Birth: 11-6-63 Location: G 4 187  WEEd to SEE The
NT to the machinest of required to Prove the Provent of the Proven
Doctor HAVZ BEEN Spitting up Blood DAILY FEEL WEAK  NOTED TREATMENT!  I AM ON CHIONIC CREE  -N. NEED TREATMENT!
(NO Charge) HAVE SPOKEN With the worden was advised to
Sign up for HEATMENT Signature
DO NOT WRITE BELOW THIS LINE
Date: 15 14 05 Time: 15 30 AM PM Allergies: 10 13 - 05 Time: 10 13 - 05 RECEIVED Date: 10 - 13 - 05 Time: Receiving Nurse Intials
(S)ubjective: I have dept form on Chronic Carl, I need to be the factor about gettericy lesours and homethers for abeliany andles are historian application of Rolling my andles are historian application of Research March 1996 WT: 1996 (O)bjective (VIS): T: 988 P: 64 R: 8 BP: 110/60 WT: 1996 Leellerg noted to both andles. States some College of Month agolf 10 Change in old Lymptoms additional spitting up blood None noted during additional spitting up blood None noted during
all in Confort
(P)lan:
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE EMERGENCY ()  If Emergency was PHS supervisor notified: Yes () No ()  Was MD/PA on call notified: Yes () No ()
SIGNATURE AND TITLE
WINTER INMATES MEDICAL FILE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Print Name: JEffely Gould  ID # 140977 Date of Birt	D (D = 5-2) -5
ID # ///077 Data of Dint	Date of Request: 3-3/-02
Nature of problem or request: Thanks R.	De codes the entry
Nature of problem or request: I have Benefit Chest I NEEd to have Examene	T AM ON CYANIC COR
ANd there for should Not be ch	onford
77.00	01
	To Venes Arild
	# Signature
DO NOT WRITE BEL	
Date: 5/31/05 Time: 8'.00, AM PM Allergies: Haldel	RECEIVED  Date: Time: Receiving Nurse Intials
(S)ubjective: Lumps in theast	under skin X3 wks
Og9790 (O) bjective (V/S): T: 98 7 Small Whealle All bumps !	R: DD BP: 120/80 WT: 21C
Marie Marie	a pertamamente mentrale anti-refresenti de contrata de contrata de como de como de como de como de contrata de
(A)ssessment: Alteration in skin inte	to the
(P)lan: M) to Review	
Refer to: MD/PA Mental Health Dental Da	ily Treatment Return to Clinic PRN
CIRCLE	· ·
Check One: ROUTINE ( ) EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	,
all Frutto	LA LUSS TUCENS GNATURE AND TITLE 6-105
WHITE: INMATES MEDICAL FILE	Will CHE MIDHIEL

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)



00	
Print Name: JEffery Gould	Date of Request: 5-04-05
ID #	h: 1/-6-63 Location: D-2-47
Nature of problem or request: (Crow, c c)	4 TE) I NEED TREATMENT
FOR HEPATITS: I HAVE FILED AN IN	Hormal Grzivance BZCAUSE of
Not RECEIVED MEDS FOR HEPATITS.	Right NOW I AM SEEKING HEAT
MENT for MY ANKIES ARE SWOILE CONDISION	N A PAIN tul. HEPAtitS RELATED
	Sinter Hour
DO NOT WRITE BEL	OW THIS LINE
Deter	
Date:/ AM PM	DECEMEN
Allergies: #aldel	RECEIVED Date: 5/105
71	Time: 1246
	Receiving Nurse Intials (120)
((	
(S)ubjective: My feet and ankle	s are swellen and
have been for about 2 mx	hs, now " My futand leap
hurt me white Im standing in	sellal line I nuda malhers to ell
(S)ubjective: My feet and ankle have been for about 2 mx hurt me while Im standing in (O)bjective (V/S): T: 978 P: 68	R: 30 BP: //2/60 WT: 309
(Rand J) Leetand Jatural ank	les edematres - spin color
(Rand I) feetand lateral ank yellow - pedal pulse present	to both feet cap regile to tass
(A)ssessment: Brecs.	on and a survival and a common or more analysis of the survival and the su
attration in comfort	
V	
(P) Ian: Inmate requests no prolong for pain and a mattres to elevate	ed standing profile, metrin
for pain and a mattress to elevate &	legs on while sleeping
MD to review	
Refer to: MD/PA Mental Health Dental Da	ily Treatment Return to Clinic PRN
CIRCLE C	
Check One: ROUTINE (C) EMERGENCY (	,
If Emergency was PHS supervisor notified:	
Was MD/PAcon call notified:	Yes ( ) No ( )
X	
Mulle	For SNATURE AND TITLE
SIC	SNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Print Name Te Frank	Data of Boousets 2-12-05
Print Name: JEffery Gould  ID# 14/2877  Data of Pirt	h: $//-6-63$ Location: $D-2-47$
Nature of problem or request: I HAVE HE	NOS PISEDE daile Along with
MY GUMS AND I have Blood	IN MY Stool often
THE CONTRACT CHANGE	110 111 9 1 301
	Le Ceres Hould
	Signardie
DO NOT WRITE BEL	OW THIS LINE
Date: 2/15/05	
Time: 3040 AM PM	RECEIVED
Allergies: Haldel	Date: 2/15/05
	Time: 9040
	Receiving Nurse Intials frug
(S)ubjective: "Its been having Nose l "When I brush my teeth some bleeding In my strop.	leeds daily for awhile Now"  my gums bleed: "I also have
2.5	120/
(O)bjective (V/S): $T: 98$ P: $X()$	R: 20 BP: 120/68 WT: 20 1 Nise bleed. @ Hep C.
Go Dinus Wainage. a 0x4, e	Nese bleed. & Hep C.
(A) ssessment: Attention to health man	tenance
(Pilan: MA) La Marian	
(P)lan: MD to Review	
	n a cui i ppu
Refer to: MD/PA Mental Health Dental Da	·
CIRCLE (	
Check One: ROUTINE () EMERGENCY (	` '
If Emergency was PHS supervisor notified	: Yes() No()
1 / 1/2/1	. 103() 100()
50 - mchumoss	(000)
FW. M. W.	/ Willed w)
1011 7/15 SI	GNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)



#### **PROGRESS NOTES**

Date/Time	Inmate's Name:	D.O.B.:	1	/
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			-	
2444 (5/05)				
0111 (5/85)	Complete Dath Old - But			



Print Name: JEFF Gould	Date of Request:
ID #/40977 Date of Bi Nature of problem or request:	rth: $\frac{1}{-6-3}$ Location: $\frac{6-2-267}{3}$
MY ANKIE	1928 R2 F1//E8 +61
	Signature
DO NOT WRITE BE	,
Date: 9/14/04 Time: 11/30 AM PM Allergies:	RECEIVED Date: 3/19/04 Time: 8/PM Receiving Nurse Intials RH
(S)ubjective: L NEED MEDIC	otion refulat
POR my ankia"	
(O)bjective (V/S): T: P:	R: BP: WT: 18
(A)ssessment: Out in comfo	A CONTRACTOR DE SE
(P)lan: 922 mD	
Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE ( ) EMERGENCY If Emergency was PHS supervisor notified Was MD/PA on call notified	ONE ( ) d: Yes( ) No( )
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NU	IGNATURE AND TITLE  RSE INITIALS RECEIPT
GLF-1002 (1/4)	



= H	zalth
Print Name: JSTIca	
	Date of Request: 3-8-64
	th: <u>//-6-63</u> Location: <u>C-2-26</u>
Nature of problem or request: My MEd.  Vistereal - for Panic Attack's = N	
"N= A Bipaler discussion // TI	= ProzAC - for depression
"N= A Bipoler disorder !!! I hav	E BEEN TAKEING THESE MEd-
The state of the full	EAC !!! = ACV MALL DEC Jan Diago
10 be REXITED by 3-10-04 HEIP!!!	! - feffere Sould
DO NOT WRITE BEL	OW THIS LINE
Date:/	
Time: AM PM	
Allergies: AM PM	RECEIVED
111016103.	Date:
	Time:
	Receiving Nurse Intials
(0) 11	
(S)ubjective:	4. ************************************
· · <del></del>	
	di di
	ţ
(O)bjective	
	fer to progress notes dated 3/9/04
(A)ssessment: Tage 100 bt	
I'm seen i feare me	fee to progress notes dated 3/9/01/
C	Sa in
	ocime.
(D)1	
(P)lan:	
Refer to: MD/PA Mental Health Dental Daily	The second secon
CIRCLE ON	Treatment Return to Clinic PRN
Check One: ROUTINE () EMERGENCY ()	E
If Emergency was PHS supervisor notified:	Vac ( )
Was MD/PA on call notified:	Yes ( ) No ( )
in the same of the	Yes ( ) No ( )
CICA	ATURE
	ATURE AND TITLE
- The same of the	
YELLOW: INMATE RETAINS COPY AFTER NURSE	INITIALS RECEIPT

GLF1000 7/95



GLF1000 7/95

# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jeffery Gould  ID # 140977 Date of Bi  Nature of problem or request: To SEE T  under My Right Arm Pit	Date of Request: 3-3-04  orth: 11-6-63 Location: C-2-267  he Doctor About Red Bump's
DO NOT WRITE BE	Jeffery Hould Signature LOW THIS LINE
Date: 3/4/04 Time: 2400 AM PM Allergies: NA	RECEIVED  Date: 3/3/04  Time: 7/m  Receiving Nurse Intials R.H.
(S)ubjective: "I got there know un (O)bjective 189 Several Amal 29.2,90 and who had and	e real raised are ceo erneath & arm & pestelle I Co pain et thems, tem Celout 2/2 weeks
Act ien Comfort/Akin unte	
Pofort (VID D)	
CIRCLE OF CHECK One: ROUTINE () EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	ATE:
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NURS	<u></u>



Print Name: JEFESY Gould  ID # 140977 Date of Bi  Nature of problem or request: My ANK  I NEED MEDICATION to  CANT EVEN SIEED BECAUSE	Date of Request:
Nature of problem or request: As A A A	rth: //-6-63 Location: <u>C-2-267</u>
I NEED ME DICATION to	Relative Said Print T
CANT EVEN SIEEP BECAGE	se of this Cronic (1983)
7/2 hrs surgery Help!	"N= COLD MED = iCAtion
•	fellery And
DO NOT WRITE BE	Signature
	EOW THIS LINE
Date: 3 / 8 / 04	
Time: AM PM	RECEIVED Refer to
Allergies: Haldat	Date: 3/3/64   6
	Time: 704m Receiving Nurse Intials RH
(S)ubjective: Request PAIN medical	
medical	MAN FOR ANKLE due to 010 Auk
Ciccident	
(O) bjective W + 1871 ps, 99,1-100/68 U + labored (D) Ankle some d Noted - Pedal pulse preset. No W/o clifficulty	isodora tens ansis of Swelli
ale buben des comfort	
(P)lan: MO Review/ PA Review	
Refer to: (MD/PA) Mental Health Dental Da	
Check One: ROUTINE ( ) EMERGENCY (	- · <del>-</del>
If Emergency was PHS supervisor notified:	Yes ( ) No ( )
Was MD/PA on call notified:	
M. Man	of (PL)
SIC	GNATURE AND TITLE
WHITE: INMATES MEDICAL ELLE	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST CYONIC !!!!

C C W C IIII
Print Name: Jeffery Gould Date of Request: 3-7-04  ID # 140977 Date of Birth: 1/10(18)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Nature of problem or request: To RECEIVE ME dication: C-2-20  For Cronic Pain'!!!! I Suffer from in My ANKIE
The RESult of AN Aut Occar I Suffer from IN MY ANKIE
ALE here!!! I AM HENCE forth Requesting Two Perca Pesic? 3
feller Hould
DO NOT WRITE BELOW THIS LINE
Date://
Time:
Allergies: RECEIVED
Date:
Time:
Receiving Nurse Intials
(S)ubjective:
(O)bjective
(A)ssessment:
(12)BSCSSMEHL.
(P)lan:
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
Return to Clinic PRN
CIRCLE ONE Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor and it.
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()
SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE
TYPE A AAAAA

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



#### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST MENTAL HEALTH

	TE HEALTH
Print Name: Ostfery	
Print Name: JEffery Rould ID # 140 977	Date of Request: 3-3-04
Nature of Date of I	Date of Request: 3-3-04  Birth: 11-6-63 Location: C-2-267  HEAITH !!!! EMERGE
MENTA/	HEAITH!!!! EMERGENCY!!!!
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D. c	
Refer to: MD/PA Mental Health Dental Daily	
Clarificatin Dental Daily	Treatment Return to City
check One: ROUTINE () The CIRCLE ONE	Return to Clinic PRN
If Emergency was PHS supervisor notified:  Was MD/PA	
Was MD/PA on call notified:	Yes ( ) No ( )
and the first official notified:	(es ( ) No ( )
	( )
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WHITE: INMATES MEDICAL FILE YELLOW: INMATE PER	IIILE
YELLOW: INMATE RETAINS COPY AFTER NURSE IN	VITIAL C.D.
GLF1000 7/95	THALS RECEIPT



Print Name: Jeffery Gould Date of Request: 2-18-04  Nature of problem or request: NEE d Location: C-2-217
Nature of problem or request: Ness, description: 12-18-04
Nature of problem or request: NEED MY MED - REF. // Ed
7d - KE+,//Ed
(N)
DO NOT WINE Significant
Date: 2 18 104  Time: 2/18 104
Time: 2006
Allergies: Haldol AM PM
Date: 2/18/04
Time: 19P
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(S)ubjective: (1) cheed to get one without percogoses  repilled, with is for my panic attacks et  (O)bjective wit 185) 98,40 Met of one Oxion of the adaches. (1)
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on ony anthe Jane adactors
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Refer to: MD/PA Mental Hooks
Mental Health Dental Daily Treatment
THE ROUTINE (X) SINCLE ONE
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SIGNATURE AND TITLE  W: INMATE RETURN SIGNATURE AND TITLE

W: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





Print Name: JEffery Gould Date of Request: 2-23-04 ID # 140977 Date of Birth: 11-6-63 Location: C-2-267 Nature of problem or request: I NEED too Get My Presciption Refilled for My Acid Reflux immediately is or As Joon As possable for it is giving Me the The Blue's And I have Been Passing Blood Signature  DO NOT WRITE BELOW THIS LINE
Date: 2 123 104  Time: 11 AM PM  Allergies: HALdol  RECEIVED  Date: 2-123104  Time: 150/pm  Receiving Nurse Intials R.H.
(S) ubjective: I weed my gantae renewed for Acid reflex it hurns up in my sthroat also I have bright red blood in my stool - I have hemorrhaids - also my Broz (O) bjective abd large, soft, Non tenker, & active lower sown X 4 goods - O externel hemorrhaids wated (60 d zontae & 5/01/03
X 4 grade - O externel hemorrhaids wited (60 d zontae & 5/01/03  (A) ssessment: Potential altered longer felimenation
(P)lan: M.D. JAA Rement
Refer to MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE ( ) EMERGENCY ( )  If Emergency was PHS supervisor notified: Yes ( ) No ( )  Was MD/PA on call notified: Yes ( ) No ( )
SSech Gont J M Cuts SIGNATURE AND TITLE JUM

INMATES MEDICAL FILE

JW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

#### Transfer Screening Form

)ate:	2904 Time: 0000 Primary Language: English
nma	te/Resident Last Name: <u>Could</u> Inmate/Resident First Name: <u>Jeffen</u>
OB:	Inmate/Resident Number: 140977
/ital :	Signs: Ht: <u>6'1'/z'</u> Wt: 184 T: 97° P: 84 R: 70 B/P: 140/16 Tiabetic: ☐ Yes 1 No BS: NA
1.	Does inmate/resident have any conditions that would prevent him/her from travel at this time?  If yes, describe: NA
2.	Will inmate/resident require any medications or treatment during transport?  If yes, describe:  No
3.	Are there any special needs or instructions for transport personnel?  If yes, describe:  Yes
4.	Have all records pertinent to the transfer of medical care accompanied the inmate/ resident?  If yes, list documents: past and current medical records
5.	Does the inmate/resident have a medical condition that could or does pose a health/ safety threat to him/herself or others?  If yes, describe:
6.	Current medications and dosage: (Write "none" or list below)  1. Prozac Domg i po qD #90 - ordered 12/16/03  2. Percoassic i po BID x 15dys -ordered 1/29/04  3. Visteri 25mg i po TID #270 - ordered 11/19/03
7.	Does the inmate/resident require immediate medical attention?
8.	Is the inmate/resident allergic to any medications?  If yes, list: Haldo
9.	Date of last TB skin test: 7 16 03 Results 60 mm  Action taken: NONE
10.	Are there any identified nutritional risks?
11.	Current medical conditions: check all that apply    D   allergies
12.	Current plan of care instituted by transferring facility: Mental Health Sovices
	Seizure Disorder Clinic
13.	Pending medical appointments and/or surgery: NONE
	Disposition:   ✓ Cleared for transport   ☐ Cleared for general population  ☐ Hold for medical
Exan	niner's Signature: Christy Wall Title: TN Date: 2/9/04





Print Name: JEFF Gould	225-06
ID #/409 > 2 Date of H	Date of Request:
Nature of problem or request:	Birth: 11-6-3 Location: C-2-267
ivature of problem of request.	WING CHILD IN THE STATE OF
	· · · · · · · · · · · · · · · · · · ·
	Jalan Fruit
	Signature
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Date: 2 / 25/04.	
Time: IIIG AM PM	RECEIVED
Allergies: NEW	Date:
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	Receiving Nurse Intials
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Was MD/PA on call notifi	
was MD/171 on can notify	
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GLF1000 7/95



#### Case 2:05-cv-01102-MEF-WC

### Document 8-8 Filed 03/02/2006 Page 24 of 50 EMERGENCY

ADMISSION DATE  ADMISSION DATE  ORIGINATING FACILITY  SIR   PDL   ESCAP		_ SICK CA	LL DEMERG	ENCY
04 /15 /04 9 AT PM	CONDITION ON ADMISSION			
ALLERGIES After Haldel & Slewin	□GOOD □FAIR □POC	R SHOCK S		
VITAL SIGNS: TEMP 47.9 ORAL RESP. 20	PULSE $gg$	B/P/40,90	RECHECK IF SYSTOLIC _ <100> 50	
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION #	BURN XX FRACTU	RE Z LACERA	TION / SUTURES
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A- Body Chart				
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INSTRUCTIONS TO PATIENT	0 1100			
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04/15/04 930 NOC	☐ AMBULANCE	□FAIR	□ POOR □ CRITICA	AL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR DOLLAR DAY 04/15/04	DATE	CONSULTATION		
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
An all Oaker	1409777	11/06/63	Wm	Statos
PHS.MD. 70007 (White - Record Copy, Ye		1.11.100	l	1/



Case 2:05-cv-01102-MEF-WC Document 8-8 Filed 03/02/2006 Page 25 of 50  PRISON HEALTH SERVICES, INC.  PRISON HEALTH SERVICEST SICK CALL REQUEST
THE TOUEST
PRISON HEALTH
SERVICES NCORPORATED Nate of Request.
Jeffery Gould Date of Birth: 11-6-63 Location.
Print Name: JEffery Gould Date of Birth: 11-6-63 Document Date
Print Name.  140977  ID # 140977  ID # of problem or request: I NEE d MEdication  I NEE d MEdication
ID #
Signature
TOW THIS LINE
DO NOT WRITE BELOW THIS LINE
RECEIVED
Date: Date: Time: Nurse Intials
Time: A solving Nurse Inch.
Allergies: Haldol Receiving
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(S)ubjective /
(S)ubjective: refill of lames  R: 16 BP:110/62 WT: 185
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La Laview 1 14 D
(P)lan: PA MP forever 1 17 PRN Return to Clinic PRN
Return to S  Return to S  Return to S  Return to S  CIRCLE ONE  CIRCLE ONE  CIRCLE ONE  ONO ( )
Mental Health CIRCLE ONE
Refer to: MD/FA  EMERGENCY ()  Yes ()  No ()
EMEROLITIE EMEROLITIES PHS supervisor notified: Yes () No ()
Refer to: MD/PA Mental Health CIRCLE ONE  CIRCLE ONE  EMERGENCY ()  Check One: ROUTINE EMERGENCY ()  If Emergency was PHS supervisor notified: Yes ()  Was MD/PA on call notified: Yes ()  Was MD/PA on call notified: Yes ()
Was Miles
Check One: ROUTINE EMEROLD SUPERVISOR notified: Yes ( ) No ( )  If Emergency was PHS supervisor notified: Yes ( ) No ( )  Was MD/PA on call notified: Yes ( ) No ( )  Was MD/PA on Call notified: Yes ( ) No ( )
SIGNATOR
PECEIPT
MEDICAL FILE NURSE INITIALS RECEIVED
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WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)



Print Name: JEffery Gould Date of Request: 8-20-04  ID # 140977 Date of Birth: 11-6-63 Location: C-2-26
ID # Date of Birth: Docation
Nature of problem or request: T HOVE A SKIN RASH
INS I NEED TREATMENT FOR it
allere Freeld
Signature
DO NOT WRITE BELOW THIS LINE
DO NOT WRITE BELOW THIS ZA
Date: A DO AMPM  Allergies: HOLOO  Amemory  RECEIVED  Date: Time: Receiving Nurse Intials
John Switting in my lip and I have John HxD Ankle surgery  (0) bjective (V/S): T: 183 p: 72 R: 20 BP: 1488 wt: 190  (2) Start 979. Roch noted to grow and I have Syres with the 2+ edima noted mall syres with a power of the sessment: Noted scarbald own. But a some of the system in company.
Refer To: MDPA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE() EMERGENCY()  If Emergency was PHS supervisor notified: Yes() No()  Was MD/PA on call notified: Yes() No()

INMATES MEDICAL FILE WHITE:

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# HEALTH SERVICES REQUEST FORM

<b>n</b> • • •	- CO			717	
Frint Name:	JETTERY GALLA	į			
ID#: 1400	JEffery Gould 77 Date of Birth:		_ Date of Request.	3-1022	, . · ·
1011	Date of Birth:	4-6-63	- raquast	2 /4703	
Nature of proble	m or request: INEEd  AND About obtain	/	———— Housing Lo	cation: C-3-/57	•
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	AND About obtain	NING ASSE	1720	MY MED	
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efer to:PA/Physic	ian M	11100			•

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Health Services Request Form
Inmate Name Jeffery Gould Potents
Date of D.
CAUSING ME to have Blood
That the NAPASON doss not
CAUSES Blood IN STEINE MY PAIN best it unsele
That the NAPASON does Releive my PAIN best it apsets my stonic and AND IS THE SAME COLOR AND HOLD THE NEW GENERIC NAME & CANDERS Blood IN MY STOOL! ANY MAY THE NEW GENERIC! NAME BEAND WITH BY
Fill Saime w. C. Han and
Sign here for consent to be treated by hoold a great works Fine without upset
tot tile condition don't
on p in Wedical Box or designated
Staton
Health Comp
Subjective: # Health Care Documentation
d'hand but working" want Bis
a don't want us a share name
Subjective: "Mother working" want Brand name  The generic upsets my stemach  Objective: BP 130/16  P 73  R 18  T 906  T 906
Objective: BP 130/16
No tenderness mollade T 976 WT 178
house noted to the WI 18
No tenderness noted to Abd Bowel sounds
Assessment: Alteration in compat Plan: MD/CRNP 40 Mew Chart
Plan: and the compact
motor to you chand
- 1 and Court
Refer to: PA/DL
The Physician Montality
Education: Check pell call Dental
1 Cum
rotocol used: (specify)
ignature March 1
Title 72 Time 1245 Date 2/27/03
Date 2/27/03

Case 2:05-cv-01102-MEF-WC Document 8-8 Filed 03/02/2006 Page 29 of 50
Health Services Request Form  Inmate Name JEFFETY Gould Date of Request 2-4-03
AIS No. 140977 Date of Birth 11-6-63 Housing Loc. C-3-15"
Nature of problem or request The MEDICATION I STACTED TAKING EARLIST THIS  MONTH FOR MY ANKIE OF Which HAS BEEN CONSTANT SINCE 1983
PAIN WISE! All=N= All Said Medication NAPASON ITHANK is How it
is spelled 500 MG. TWICE A day Releaves my Pain But up
Set's My THMMY AND I HAVE blood ON MY tolet PAPER
Sign here for consent to be treated by health staff for the condition described above.  Place this slip in Medical Box or designated area  DO NOT WRITE BELOW THIS LINE  FEB 2 4 2003  Staton
Subjective: When triting the Politic betwee the Ry Randot Subjective: When triting the Politic between the Ry Randot I'm Amseos - mod sue 6/23 d ou the trissue of June 1980 points of the proposed of June 1980 of the Politic do June 1980 objective: BP 180 P 84 R 20 T 963 WT 180
Assessment: Alternative Plan:  D to Review.
Refer to: PA/Physician Mental Health Dental  Education: Chartee pm P1/1 and B-ry.
rotocol used: (specify)
Signature Date Date 2-23-33

Case 2:05-cv-01102eMEF-WServiceseRequester 03/02/2006 Page 30 of 50
Inmate Name JELETY Gould Date of Request 2-15-03
AIS No. $140977$ Date of Birth $11-6-63$ Housing Loc. $C-3-15^{T}$
Nature of problem or request my andle of which was offerated on
in 1983 for 713 his is causing me pain through the Day
And Heeping me revake at quight it need med action
Re Silled I for Dain Pain Medication!
Thank's
Sign here for consent to be treated by health staff for the condition described above.  Place this slip in Medical Box or designated area  Staton  DO NOT WRITE BELOW THIS LINE
Health Care Documentation  Subjective: (L) arkle yeld Renewal
Objective: BP 120/80 P 70 R 20 T 982 WT 184  Limited ROM & Swellin Go of pain ox an bulation  Cap refill (3 Sec when to lower
Assessment: Attention in comfort  Plan:  Med 5  Assessment: Attention in Comfort  Assessment: Attention in C
Refer to: PA/ Physician Mental Health Dental  Education: A Leg
Protocol used: (specify)  Signature Time Date 2/4/03





HEALTH SERVICE	L
HEALTH SERVICES REQUEST FORM  Print Name: JEFFERY COULD	
ID#: 190977 Date of D	
Nature of problem or request: 10-6-63	27.02
Nature of problem or request:  My Madication:  Without My Location	C-3-15+
Madical Parking to Sign up fr	CONTINUE d
Form Stated AS Much that it is to continue to Sign here for consent to be treated by health states	CO// The
A DO CONTINUES TO CONTINUES	complaint
Sign here for consent to be treated by health staff for the condition described	11-26-02
described described	
PLACE THIS SLIP IN ACCOUNT	

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

# HEALTH CARE DOCUMENTATION

Subjective: Warin Sign Objective: BP

Assessment:

Plan: .

Refer to: \_\_\_\_ PA/Physician \_\_\_\_ Mental Health \_\_\_\_ Dental



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Date	PROGRESS NOTES
	and a Mama: /
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#### **PROGRESS NOTES**

	PROGRESS NOTES
Date/Time	Inmate's Name: Gould, Jeffener 1110000
2/18/04	Bould, leftery 14090
20/11/039	Rec'd @ SHCU-Staton, Vol. I of II and @ meds/mar PMuse
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# Health Services Clinic Notes

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		Dr. Coupe	s ful	10c		
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# **Health Services Clinic Notes**

Date Time  9.305 Tooda S. Headacker 19697 Notes  9.305 Tooda S. Headacker 2 Complaints  C. B.P. 12 Hos T. 92 3 2 80 R.18  P. Coplaine Blueta Blantin  11305 R. 1000 Blueta Blantin  11305 R. 1000 Blueta PSR R. 20 7 28  21 March Leuten Leuten  Or Heat am pender and selection  Or Heat am pender and selection  Or Togant 400 i Depth x 301 split x 3  Short to glass up with 2 History glast of the pender of the pe	Inmete/D	
Date Time  9.3.02 9:00 4 5 - Head aches Cleared sep  10 other complaints  10 continue Bilantin  10 continue Bilanti	Inmate/Resident Name: Sign d On Don	
9.3.03 9:00 Am S - Lead a ches cleared up  Lo other complaints  De BP 12/62 T-98.3 P-90 R-18  P- Continue Delantin  A-No phoblems  Disartin  Disar	Date T: """ "" "" " " " " " " " " " " " " "	
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#### **Health Services Clinic Notes**

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# **Health Services Clinic Notes**

Inmate/Resident	Allergies:
ا نه و Name: _	Inmate/Resident # 140 977
Date Time	e Notes
8/7/309:5	
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	feel stronge. I can't MAN IM Rive (4. I don't feel lighted
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#### INTERDISCIPLINARY PROGRESS NOTES

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FORM #7111									

### CORRECTIONAL MEDICAL SERVICES

#### INTERDISCIPLINARY PROGRESS NOTES

Patient <u>Aol</u>	uld, Jeffery 1.D.# 140977 Institution [14aldo]	lacc
DATE TIME	NOTES	SIGNATURE
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	2. gardsites	
	plan - 1. de 40b	
	2. don't see NSAIDS	
:	3. purchase tylend	
	4. antacido	
	5. Flu T eye doc, 4 KAlus	
7/23/10/	Patient with PMH Ankle fracture	
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Page 41 of 50 Case 2:05-cv-01102-MEF-WC Filed 03/02/2006 Document 8-8 Month/Year of Charting Facility Name: 12 13 14 15 16 17 18 Hour Prozec 40mg PO q AM x 90 deys BANERJEE Prescriber: Start Date: Stop Date: 11 12 13 14 15 16 11 18 19 22 21 PROZEC 20mg po q pm x 90 days BANER)EE Prescriber: Start Date RX #: Stop Date: 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 Hour Vistoul 25mg PO 9 AM × 90 days Prescriber: BONEL JEE Start Date: Stop Date: Vistaril 50mg po q pm x 90 days BINELJEE Prescriber: Start Date: Stop Date: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Hour Prescriber: Start Date: Stop Date: 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour 1 2 3 Prescriber: Start Date: RX #: Stop Date: Documentation Codes Diagnosis Discontinued Order 2. Refused 3. Patient out of facility Allergies Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock Housing Unit: Patient ID Number: 8 Medication Held 9 No Show Patient Name 10 Other Date of Birth: ellien

Document 8/900 110 03/02/2006 Case 2:05-cv-01102-MEF-WC Page 42 of 50 Month/Year of Chartin Staton Correctional Facility Facility Name: 2 13 14 15 16 Hour 60.00 Prozac 20MG Cap Take 1 capsule(s) by mouth twice daily Banerjee MHM, Sreelekha Prescriber: 08-03-2005 Start Date: RX#: 250335392 10-31-2005 Stop Date: Vistaril 25MG Capsule 90.00 Take 1 capsule(s) by mouth in the morning & take 2 capsule(s) by mouth (50mg) in the evening Banerjee MHM, Sreelekha Prescriber: Start Date: 08-03-2005 RX#: 250335393 10-31-2005 Stop Date: Diphenhydramine HCI 25MG Cap 30.00 Take 1 capsule(s) by mouth at bedtime Banerjee MHM, Sreelekha Prescriber: Start Date: 09-15-2005 250613816 Stop Date: 11-02-2005 Hou Hydrochlorothiazide 25MG Tab 30.00 Take 1 tablet(s) by mouth at bedtime Prescriber: Peasant, John Start Date: 07-28-2005 RX#: 250292097 11-04-2005 Stop Date: 60.00 Zantac 300MG Tab Take 1 tablet(s) by mouth twice daily Prescriber: Peasant, John Start Date: 08-23-2005 RX #: 250462518 Stop Date: 11-30-2005 30.00 Furosemide 40MG Tab Take 1 tablet(s) by mouth every morning Prescriber: Start Date: Peasant, John 08-23-2005 RX#: 250462520 Stop Date: 11-30-2005 **Documentation Codes** Initial Nurse's Signature / Initial Nurse's Signature 1 Discontinued Order Diagnosis 2 Refused 3 Patient out of facility 4. Charted in Error Allergies 5. Lock Down 6. Self Administered 7. Medication out of Stock Population Housing Unit: 8. Medication Held Patient ID Number: 140977 9. No Show Patient Name: 10. Other Date of Birth: Gould, Jeffery

Case 2:05-cv-0110	2-MEF-WC Document 8-	Page 4	43 of 50
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PATIENT GOULD: JEFFERY

PATIENT CODE ROOM NO 140977

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## **MEDICATION ADMINISTRATION RECORD**

06/01/2005

GOULD, JEFFERY

(STA-452) STATON CORRECTIONAL FAC

